

**PLAINFIELD MUNICIPAL UTILITIES AUTHORITY**

127 ROOSEVELT AVENUE • P.O. BOX 5110  
 PLAINFIELD, N.J. 07061-5110  
 TEL (908) 226-2518 • FAX (908) 226-2561

**PURCHASE ORDER**

THIS NUMBER MUST APPEAR ON ALL INVOICES  
 PACKING SLIPS, CORRESPONDENCE, ETC.

No. 09-01816

ORDER DATE: 12/31/09  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT NO:  
 F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF  
 N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK NO. 19624

CHECK DATE 1/11/10

<b>SHIP TO</b>	<b>P.M.U.A.</b> 127 ROOSEVELT AVE.  PLAINFIELD, NJ 07060
	<b>VENDOR</b>  DAVID W. ERVIN  VENDOR #ERV01

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BUSINESS LUNCH	9-07-10-300-398	53.6300	53.63
1.00	JADE ISLE RESTAURANT	9-09-10-300-398	53.6200	53.62
	12/31/2009			
			<b>TOTAL</b>	<b>107.25</b>

**VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT**

<p><b>VENDOR'S CERTIFICATION &amp; DECLARATION</b></p> <p>I do solemnly declare and certify under the penalties of the law that the within bill is correct in its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>CLAIMANT: _____ DATE: _____</p>	<p><b>DEPARTMENT CERTIFICATION</b></p> <p>I, having knowledge of the facts; certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPARTMENT HEAD: _____ DATE: _____</p>	<p><b>VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT AND CHIEF FINANCIAL OFFICER</b></p> <p><b>REQUISITION APPROVAL</b></p> <p>DEPARTMENT HEAD: _____ DATE: _____</p> <p><b>PURCHASE ORDER APPROVAL</b></p> <p>PURCHASING AGENT: <u>Dolores J. Hamlin</u> 1/11/2010 DATE: _____</p> <p><b>CERTIFICATION OF FUNDS</b></p> <p>CHIEF FINANCIAL OFFICER: _____ DATE: _____</p>
<p><b>NOTICE TO VENDOR OR CONTRACTOR</b></p> <p>ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.</p> <p>ADDITIONAL CHARGES OTHER THAN THOSE SPECIFIED WILL BE ADDED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. THIS VOUCHER MUST BE FORWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.</p>	<p><b>PAYMENT APPROVAL</b></p> <p>SIGNATURE: _____ DATE: _____</p>	

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT



## Plainfield Municipal Utilities Authority Expense Statement

SCOTCH PLAINS, NJ 07076

Terminal #: 00000002  
DEC 29, 09 3:41 PM

Statement #

VISA  
\*\*\*\*\*2562  
SALE  
BATCH #: 054

REF#: 008  
AUTH #: 148555

Name David Ervin EMP # \_\_\_\_\_ Pay Period \_\_\_\_\_  
 SSN \_\_\_\_\_ Position \_\_\_\_\_ From: \_\_\_\_\_  
 Department Administration Manager \_\_\_\_\_ To: \_\_\_\_\_

AMOUNT \$87.25  
 TIP \$ 20.00  
 TOTAL \$ 107.25

APPROVED

Date	Description	Lodging	Mileage	Tolls	Meals	Phone	Rental	Other
12/29/2009	Business Lunch	0.00	0.00	\$0.00	\$107.25	\$0.00	\$0.00	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$107.25	\$0.00	\$0.00	\$0.00

SubTotal	\$107.25
Subtract Advances	
<b>Total</b>	<b>\$107.25</b>

\_\_\_\_\_  
 Approved by

I hereby certify that all expenses reported on  
 this expense report are true and accurate to the best of my  
 knowledge.  
  
 \_\_\_\_\_  
 Employee Signature